



SCHOOL SAFETY: BULLYING/HARASSMENT INTERVENTION REPORT

Please complete this form and forward to the VCS/School Safety & Hearing Officer

Student: _____ Grade: ____ Gender: ____

Step # 1
Describe the incident(s) include dates, location, who is involved, and details of the behavior.

Step # 2
Describe the intervention strategies you are implementing that you think will stop, and or prevent incident(s) from happening.

Step # 3
Describe the progress made by the strategies put into place to assist student in making better decisions in communication and tolerance.

School Counselor Recommendations

After working with this student in Conflict Resolution, Peer Mediation, it is determined that the progress made is sufficient enough to change our scheduled sessions to the following:

<input type="checkbox"/> Once Weekly	<input type="checkbox"/> Twice Weekly	<input type="checkbox"/> Every Other Week	<input type="checkbox"/> Once Monthly
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<input type="checkbox"/> Date: _____	<input type="checkbox"/> Dates: _____	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
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Signature: _____ Date: - _____